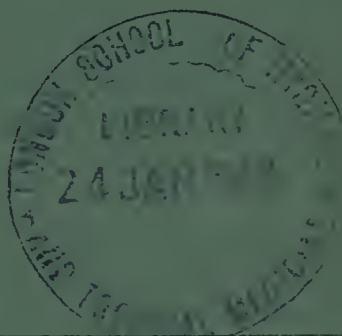


City and County Borough of



Canterbury
1955



ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL
OFFICER

Including the Report of the
CHIEF SANITARY INSPECTOR
and the Report of the
Medical Director of the Child Guidance Clinic
for the year
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1955

14 DANE JOHN,
CANTERBURY.
1956.

To the Mayor, Alderman and
Councillors of the City of Canterbury.

I have the honour to present my Annual Report covering the year 1955. It is laid out in the following order. It begins with the social and statistical data, and detail of mortality and infectious disease morbidity. The second section, page 8, is concerned with the local health services provided within the framework of the national health services. Then follows on page 23, the report of the Chief Sanitary Inspector and finally on page 34, my report as Principal School Medical Officer which includes the report of the Child Guidance Clinic.

It will be readily appreciated that the matter reported represents the work of professional and technical officers on your staff, amongst whom there are doctors, nurses, sanitary inspectors, social workers and mental health officers, but it must not be forgotten that this work could not run smoothly and would lose much of its impact without the lay assistance of the clerical staff who warrant our thanks for their good services in a wide span of duties, which include many opportunities for the exercise of humanity, opportunities which have not been allowed to pass.

During 1955 we began B.C.G. vaccination against tuberculosis for the 13-year-old age group of school children. This step was taken to provide a basal defence against the disease for those who had not already achieved it in the more dangerous way of contact with infection, and to provide this defence prior to emergence from school years into the wider field of contact of adult employment. It is satisfying to report that 80% of parents agreed to have their children tested and protected.

In common with all other authorities our slum clearance scheme was presented in outline to be developed over five years. Unfit houses would have been cleared away long since if the job were an easy one, but it is made more complex today by the disproportion between rental and the cost of maintenance and repair with rents fixed on out of date values.

We have been much concerned with road accidents in recent years and deplore the casualties of the lust for speed. But we have tended to forget the large number of casualties from accidents in the home, where conditions have improved and the behaviour hazards have remained much the same as they have been through generations of growing up. The teaching of prevention of home accidents is part of the routine of the health visitor and of other social workers. It is a good field for the voluntary aid societies,

and is a subject in which the public in general should show interest at all focal points of discussion. Cancer, polio, tuberculosis are all subjects readily identified by the community as of public health importance. But if one made a statistical analysis of the relationship between the number of pot handles allowed to stick outwards on the gas stove and the number of scalding accidents, the outward turning pot handle would be found as ominous as the cigarette is to lung cancer, or the flimsy party-dress and the unguarded fire as ominous as the coughing sputum positive case of tuberculosis.

There is still plenty of scope for preventive medicine and, as always, it needs the understanding and support of the community if it is to achieve its objective.

In calling the report to your attention I should like to thank you for your confidence and understanding, and to thank my staff for their loyal support and good service during 1955.

Your obedient servant,

MALCOLM S. HARVEY.

ANNUAL REPORT, 1955

Social Circumstances.

There has been no change in the social circumstances of the locality which can be recognised as having an effect on the health of the community. A high level of employment is maintained. The head of the Canterbury Employment Office has kindly provided the following figures for unemployment in Canterbury and the surrounding rural area for 1955.

Mid 1955		End of 1955	
Men	71 (1954—88)	Men	116 (1954—133)
Women	31 (1954—32)	Women	62 (1954—68)

These figures have shown a steady improvement over several years.

The growth of Canterbury as a shopping centre has given the community the benefit of keener trading, and the local Press gives marketing news which is helping the housewives to recover the shopping skill which war-time rationing hindered.

The struggle between the wages of full employment and the rising cost of living must be met by keener shopping and a good understanding of food values if the present nutritional standard of the community is to be maintained. In a caucus race of wages and prices nobody wins.

The social trends which may follow the Council's introduction of a scheme of differential rents in Council houses will be of particular interest.

GENERAL AND VITAL STATISTICS FOR 1955

General.

Area : 4,810 Acres.

Number of Inhabited Dwellings (end of financial year 31.3.56 according to Rate Book) : 8,957.

Rateable Value (31.3.56) : £292,841. From 1.4.56 : £509,471 subject to appeals.

Sum represented by penny rate : £1,137. 19s. 10d.

Registrar General's estimate of mid-year population, 1955 : 29,800.

Vital.

BIRTHS :—		Male	Female	Total
Live Births :	Within Marriage ...	213	199	412
	Outside Marriage ...	8	8	16
	Total Live Births ...	221	207	428
Stillbirths :	Within Marriage ...	4	3	7
	Outside Marriage ...	—	—	—
	Total Stillbirths ...	4	3	7
DEATHS :—				
All Deaths		141	157	298
Deaths associated with Pregnancy,				
Childbirth or Abortion		—	1	1
Deaths of Infants under 1 year		5	1	6
(All births within marriage, and all were neonatal deaths within the first month of life).				

The following rates are calculated from these figures and are corrected and compared with corresponding figures for England and Wales for 1955.

Comparative Statistical Rates for 1955.

England
Canterbury and Wales

Crude Live Births per 1,000 Population ...	14.69	
Corrected by Comparability Factor (1.02)	14.98	15.0
Stillbirths per 1,000 Population ...	0.26	
Calculated per 1,000 Live and Stillbirths	16.09	23.1
Crude Death Roll (all causes) per 1,000 Population ...	9.93	
Corrected by Comparability Factor (0.90)	8.93	11.7
Infant Mortality Rate (Deaths under 1 year per 1,000 Live Births) ...	24.19	24.9

The peri-natal mortality rate is 30 per 1,000 live and stillbirths.

These statistical rates remain satisfactory and the birth rate is well maintained

Deaths.

TABLE I

No.	Causes of Death	1955		
		M.	F.	Total
1	Tuberculosis of Respiratory System ..	4	—	4
2	Tuberculosis, Other Forms ...	—	—	—
3	Syphilitic Diseases ...	—	—	—
4-9	Other infective and parasitic diseases ...	1	1	2
10	Malignant Neoplasm, stomach ...	2	2	4
11	Malignant Neoplasm, lung and bronchus...	3	1	4
12	Malignant Neoplasm, breast ...	—	8	8
13	Malignant Neoplasm, uterus ...	—	1	1
14	Other malignant and lymphatic neoplasms	16	15	31
15	Leukaemia and Aleukaemia ...	1	1	2
16	Diabetes ...	—	3	3
17	Vascular Lesions of Nervous System ...	12	29	41
18	Coronary Disease, Angina Pectoris ...	30	18	48
19	Hypertension with Heart Disease ...	6	5	11
20-21	Other Heart and Circulatory Diseases ...	25	30	55
22	Influenza ...	1	1	2
23	Pneumonia ...	1	8	9
24	Bronchitis ...	7	—	7
25	Other Diseases of Respiratory System ...	3	1	4
26	Ulcer of stomach and duodenum ...	1	1	2
27	Gastritis, Enteritis and Diarrhoea ...	1	—	1
28	Nephritis and Nephrosis ...	4	6	10
29	Hyperplasia of Prostate ...	3	—	3
30	Pregnancy, Childbirth and Abortion ...	—	1	1
31	Congenital Malformation ...	1	—	1
32	Other defined and ill defined diseases ...	17	21	38
33	Motor Vehicle accidents ...	1	—	1
34	All other accidents ...	—	4	4
35-36	Suicide, Homicide and War ...	1	—	1
TOTAL ...		141	157	298

My deputy is assisting locally with the work of research being done by the Social Medicine Unit, Oxford University, in a countrywide enquiry into deaths from leukaemia in young people. It is hoped to gain from this research some clue as to the cause of this distressing blood disorder. Local health departments are well placed to help research workers to carry out a study into a rare disease over a wide area and it is gratifying that this is now recognised by University departments.

Amongst the causes of death, coronary disease and heart disease with high blood pressure, together accounted for 1 death in 5. We must all die from something, but these causes attack in middle age, and we have no real estimate of the local morbidity from this disease which must be greatly in excess of the mortality. The tension of life today demands that you get your coronary disease mild and early, so that you may be forced to learn the balance between activity and cardiac capacity. It would seem sensible to go further earlier by learning a discipline of intermittent relaxation to counteract the tension of business and professional life, for it is in these vocations that the disease is such a hunter of men.

Infant Deaths.

All the 6 infant deaths occurred in the first week of life.

TABLE II
Causes of Infant Deaths.

	Under 24 hours		24 hours to 2 weeks		Total
	M	F	M	F	
Prematurity	1	-	-	-	1
Prematurity with Atelectasis ...	1	-	1	-	2
Rhesus Incompatibility	-	1	1	-	2
Cerebral damage, birth anoxia ...	-	-	1	-	1
TOTALS	2	1	3	-	6

We have progressed well in the reduction of infant mortality when the total of stillbirths and infant deaths is as low as the rate of 30 per 1,000 live and stillbirths, but a glance at the causes of infant deaths suggests that at least in theory we can do better yet. The prevention of prematurity is a sound quest in ante-natal care.

TABLE III

All Deaths by Age Groups.

	0-1	1-15	15-25	25-45	45-65	65-80	80-90	90+	Total
Male	5	—	—	7	29	64	31	5	141
Female	1	2	1	7	23	58	55	10	157
TOTAL	6	2	1	14	52	122	86	15	298

Infectious Diseases.

TABLE IV

	Children 0 - 1 years	Children 2 - 4 years	Children 5 - 15 years	Adults	Total Cases Notified
Scarlet Fever ...	—	6	20	—	26
Whooping Cough ...	6	9	25	—	40
Measles ...	36	140	222	2	400
Food Poisoning ...	—	1	2	4	7
Pneumonia ...	—	—	—	1	1
Acute Poliomyelitis ...	—	1	3	3	7
Ophthalmia Neonatorum ...	1	—	—	—	1
Puerperal Pyrexia ...	—	—	—	7	7
Shame Dysentry ...	1	—	1	1	3
Post Infectious Encephalitis	—	1	—	—	1

Our very low incidence of measles in 1954 was fully compensated by the widespread prevalence in 1955 and it was fortunate that the cases occurred in the spring and summer when complications from secondary infection were less common.

Food Poisoning.

A particularly interesting outbreak of food poisoning was centred on Canterbury in the height of the summer. It caused 21 cases in and around the City of which only 8 occurred in the City (only 8 notified). The causal organism was the coagulase positive staphylococcus aureus, harbouring in the nose of a person preparing a cooked meat dish. The investigation of the outbreak showed that the prepared meat was free of infection before cooking, was infected after preparation, and retained the contamination after handling and carriage to the homes of the consumers.

The aspect of the outbreak of particular interest was that

more than 500 persons consumed and enjoyed this food without ill effects. Twenty-one persons enjoyed it and suffered severe vomiting and diarrhoea within two or three hours. In each of these cases the cause was not so much the meat, which was certainly contaminated, but the manner in which it was kept after purchase, for in all these cases the cooked meat was kept for 24 hours or more in food storage which lacked the coolness that would have prevented the growth of the infecting organism, and the contamination was enriched by growth beyond the critical point of safety and food poisoning resulted. The cooked meat was well looked after in its place of preparation, in good refrigerated storage.

There are three lessons from this outbreak. The first is a justification of careful low temperature control in the storage of cooked meats in food preparing places to prevent any consequences from chance contamination. The second is that the most innocent person can unwittingly carry dangerous contaminating germs, against which the only sure defence is the strictest hygiene in food handling. The third is that the customer still has a duty to look after the food in a proper manner after its purchase if it is to be a good food and safe to eat, and that food hygiene applies at home just as much as in shops and kitchens.

Tuberculosis.

TABLE V

Site/Sex	Number of Notifications													
	1949		1950		1951		1952		1953		1954		1955	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lungs	16	9	11	10	9	10	14	4	14	6	13	9	13	6
Non-Pulmonary	5	2	—	1	3	1	—	1	4	1	1	3	2	3

No. of Cases Remaining on Register 31.12.55

Pulmonary		Non-Pulmonary	
M.	F.	M.	F.
121	80	22	13

The problem of tuberculosis was attacked in the following manner during the year.

(a) Clinical supervision and care of diagnosed cases was centred on the Chest Clinic in co-operation with the general medical practitioner, the home nursing service (31 cases), home help service (7 cases) with a tuberculosis health visitor maintaining home contact with all cases (617 home visits), and the Chest Physician arranging hospital or sanatorium care.

(b) Consultant and diagnostic advice was available through the Chest Clinic, which also carried out the investigation and supervision of contacts.

(c) The Mass Miniature Radiography unit visited the city and made a public survey as well as a survey of the older school children, teaching staff and industrial and commercial employees.

7,200 General Public were examined. (Total, including schools—10,457).

337 were recalled for further examination.

3 non-tubercular conditions were discovered.

93 cases of quiescent disease were discovered.

3 cases were referred for treatment or supervision.

(d) B.C.G. Vaccination was carried out on contacts through the Chest Clinic, 103 cases being vaccinated.

(e) B.C.G. Vaccination was carried out on 13-year-old school children by the City Health Department staff.

396 were Mantoux tested.

326 were M negative.

325 were vaccinated with B.C.G. A follow-up Mantoux test will be done during 1956 on these cases.

(f) Ancillary nourishment was provided free of charge in 45 home cases and rehabilitation training sponsored for 3 patients, through the City Health Department.

(g) Help in after-care was given in many cases by the Care Committee (Alford Aid Society) which meets in the Chest Clinic under the chairmanship of J. B. Thompson, Esq.

(h) Advice was proffered to the Housing Department on cases which justified priority in rehousing and several such cases were housed or rehoused in larger Council houses.

(i) Agreement was reached with the Chest Physician on the procedure to follow notification of cases to co-ordinate visits by the Tuberculosis Health Visitor and the Sanitary Inspector.

Venereal Diseases.

The Venereologist reports that 3 new cases of syphilis and 3 new cases of gonorrhoea from Canterbury were seen during 1955. There were 34 cases of other disease dealt with. The new times of the Clinic at the Kent and Canterbury Hospital are:—

Males—Tuesdays and Fridays, 5-6.30 p.m.

Females—Tuesdays and Fridays, 2.30-3.30 p.m.

Hospital Accommodation.

Infectious Diseases—Haine Isolation Hospital, Ramsgate. Home isolation of Scarlet Fever is encouraged where facilities are adequate.

Tuberculosis—Work has started on converting the Canterbury Isolation Hospital into an annexe for Chest Diseases.

Chronic Sick—Nummery Fields Hospital, 136 beds, provides excellent treatment and rehabilitation and has developed the occupational therapy department to deal with out-patients.

General (including Maternity)—Kent and Canterbury Hospital, 241 beds, with Casualty Department and Out-patient facilities, widely used and with full consultant facilities. There are no General Practitioner maternity beds available and the nearest are in the St. Helier's Maternity Unit, Whitstable, 15 beds, working in association with the Kent and Canterbury Hospital. The need for General Practitioner maternity beds must be met if hospital care on the standard advised by the Central Health Services Council's Standing Maternity and Midwifery Advisory Committee is to be met.

Laboratory Services.

1. For Pathological Work : Kent and Canterbury Hospital Laboratory.
2. For Public Health Laboratory Work (Milk, Ice-Cream and Water): Public Health Laboratory Service, County Hall, Maidstone.
3. For Analytical examinations and other Public Health examinations : Canterbury Public Analyst.

Nursing Homes.

There is only one nursing home in the city which provides 6 beds for medical cases and chronic sick cases.

Accommodation for Old People.

There is one registered home for aged persons providing accommodation for four persons. The Welfare Committee has two old people's homes for elderly infirm or handicapped persons. Accommodation provides for 20 males and 24 females. The Housing Committee has provided 107 units of accommodation for elderly persons and there are nine groups of almshouses provided by local charities.

National Assistance Act, 1948.

(a) SECTION 47.

It is pleasing to report that it was not necessary to seek an order for any case during the year. Since the decision of the Health Committee in October, 1954, to extend the activities of the Health Visitors to include the visiting of elderly persons, the greater scope for prevention of deterioration has resulted in the needs of such cases being met in other ways. While an occasional case has frustrated all help, to the verge of legal action, patience and charity has prevailed.

The Old People's Welfare Committee, the Red Cross, 'Toe H, and W.V.S. are all active in their help for old people, and the Churches of all denominations, as always, radiate help and comfort to old folk known to them.

(b) BLIND WELFARE.

Blind Persons Register.

No. of cases notified on Form B.D.8 during 1955 ... 9.

A.—FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

(i) Number of Cases registered during the year in respect of para. 7(c) of Form B.D.8 recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No Treatment	1	2	—	3
(b) Treatment— (medical, surgical or optical)	1	—	—	2
(ii) Number of Cases at (i)(b) above which on follow-up action have received treatment	—	—	—	1

B.—OPHTHALMIA NEONATORUM.

- (1) Total number of cases notified during the year ... 1
- (2) Number of cases in which :—
- | | | | | | | |
|---|-----|-----|-----|-----|-----|---|
| (a) Vision Lost | ... | ... | ... | ... | ... | — |
| (b) Vision Impaired | ... | ... | ... | ... | ... | — |
| (c) Treatment continuing at end of year | ... | ... | ... | ... | ... | — |

Care of Expectant and Nursing Mothers, and Children Under School Age.

Ante-Natal Care—A slight modification in the Ante-Natal Clinic arrangements was made towards the end of the year. The morning session at the Central Clinic was given over to the ante-natal care by the Army Medical Officer of mothers booked for Shorncliffe Hospital, and this arrangement brought these mothers into closer touch with the clinic for dental care, routine x-ray of chest, blood testing and teaching of mothercraft. Although the improvement of facilities at the Barracks M.I. Room has now reversed the arrangement, the association formed between the ante-natal arrangements for Shorncliffe booked mothers and the Central Clinic has resulted in the mothers continuing to come to

the latter for the ancillary help which adds so much to the standard of ante-natal supervision.

The Relaxation Exercises class continues successfully. Sixty-nine mothers made 410 attendances during 1955, and it was found necessary to run two classes in succession during the afternoon. This has the added advantage that mothers attending to book a midwife or for ante-natal examination or tests, see the classes in action and readily join the happy group.

A sewing class is held in the London Road Clinic (May Hooker Centre) on Friday afternoons under the direction of Mrs. Roadley of the Technical College. The class is for expectant mothers and mothers of children under school age and the fee is met in part by the mothers and for the rest by the Health Committee. The young children are brought along and form a play group under the health visitor or a voluntary worker.

(a) The following figures show the cases attending the Ante-Natal and Post-Natal Clinic:—

Ante-Natal Sessions held at Central Clinic and North-gate Clinic	...	...	...	...	...	...	133
Mothers in attendance on 1.1.1955	...	...	...	...	...	...	21
First attendances during 1955	...	...	...	...	...	...	60
Mothers still in attendance at end of 1955	...	...	...	...	...	...	13
Total attendances	...	...	...	...	...	...	255
Blood examinations carried out	...	...	...	...	...	...	209
Number of Mothers who attended Post-Natal Examinations	...	...	...	...	...	...	17

The authority continues to supply maternity outfits free of charge to all expectant mothers booked for home delivery.

(b) CHILD WELFARE CENTRES.

1. Monday, 2 p.m.—London Road, May Hooker Memorial Clinic. Doctor and Health Visitors.
2. Tuesday, 2 p.m.—Hollow Lane (Wincheap Primary School). Doctor and Health Visitor.
3. Thursday, 2 p.m.—Central Clinic, Stour Street. Doctor and Health Visitors.
4. Friday, 2 p.m.—Welfare Hnt, Military Road. Doctor and Health Visitor.
5. Friday, 2 p.m.—Central Clinic, Stour Street. Health Visitors only.

At all sessions attended by a doctor protective inoculation or vaccination is offered. Smallpox, diphtheria, whooping cough and tetanus are the diseases against which protection is offered. During recent years we have encouraged mothers to bring school entrants to the clinics for a booster injection against diphtheria. It was thought with the health visitor also functioning as school nurse and in touch through home visiting that this would maintain the level of protection. The arrangement has not been successful and the level of full diphtheria protection has waned badly. It will be necessary to return to the method of seeking consents and to make a circuit of school visits to regain our level of diphtheria protection in the child population.

Our child welfare clinics would not function as they do were it not for the valuable help of the Voluntary Workers, and, whilst this work is enjoyable and satisfying and gives close contact with a truly happy section of the community, the contribution which these good people make to our local health services is a great hidden asset in the community.

TABLE VI
Attendances at Clinics.

Infant/Child Welfare Centre	Age Group	Central Clinic	Wincheap Clinic	Northgate Clinic	London Road Clinic	TOTAL
Children on Clinic Register 31.12.54	Under 1 1-5 yrs.	84 61	38 19	52 21	63 31	237 132
First attendance during 1955	Under 1 1-5 yrs.	165 33	60 13	60 4	76 81	361 131
Total No. of Children remaining on Register on 31.12.55	Under 1 1-5 yrs.	117 71	53 26	47 17	72 39	289 153
Total No. of Attendances made by children during 1955 ...	Under 1 1-5 yrs.	2,459 984	971 420	895 309	1,375 674	5,700 2,387
Doctors' Consultations	Under 1 1-5 yrs.	255 137	177 58	110 54	183 130	725 379

(c) WELFARE FOOD SALES.

Supply Depot—Central Clinic, Stour Street.

Distribution Centres—All Child Welfare Clinics and Wincheap Post Office.

Total Welfare Foods distributed during 1955 :

National Dried Milk	14,258
Orange Juice	25,230
Cod Liver Oil	3,848
Vitamin A and D	1,740

(d) SUPPLY OF OTHER NUTRIENTS AND SUPPLEMENTS.

In addition to the Ministry's Welfare Foods the Authority has available for purchase at the Welfare Clinics a variety of proprietary dried milks, weaning supplements and vitamin preparations, sold at or near the cost price to mothers attending the clinics, subject to the advice or guidance of the doctor in attendance. Help where necessary is given to cases of financial hardship by the free issue of milk foods.

(e) SPECIAL CLINICS.

1. The Ultra Violet Light Clinic is now run in the School Clinic. It was only necessary to send one case for treatment.
2. Twenty-one mothers were helped with Breast Feeding at forenoon visits to the Central Clinic.

(f) PREMATURE INFANTS.

The equipment described in the 1952 Annual Report is kept for use in the home care of premature infants.

Sixty-eight premature births were notified in 1955 of whom 13 were delivered at home and 55 in hospital. Of the latter only 16 were Canterbury cases, making a total of 29 premature births out of 428 live births or 68 per 1,000 live births.

(g) DENTAL CARE.

With the appointment of Mr. Pryor as Principal Dental Officer a stimulus was given to the dental care of expectant and nursing mothers. A dental surgery is run in an equipped centre at the Central Clinic on the afternoon of the Ante-Natal Clinic and the following figures shows a big increase on 1954.

(i) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	52	51	50	17
Children under Five ..	90	77	59	45

(ii) Forms of dental treatment provided :

	Extractions	Anæsthetics		Fillings	Scalings or Scaling and Gun Treatment	Silver Nitrate Treatment	Dressings	Radio-graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	124	13	30	16	11	3	14	4	7	—
Children Under Five	61	—	36	6	2	165	21	—	—	—

* 2 Repairs

(h) OTHER PROVISIONS.

There is one registered child minder in the City and no day or residential nurseries.

A mothers' club meets in the evenings monthly at one of the clinics, and my staff are frequently invited to speak to evening or afternoon meetings of Young Wives' Groups, Mothers' Clubs,

or Fellowships of Youth. These meetings provide a valuable field of activity in explaining the aims and method of preventive health to a very important section of the community.

Child Life Protection visiting is carried out by the Senior Health Visitor who reports direct to the Children's Committee.

Domiciliary Midwifery.

The level of domiciliary confinement remains above 50% of all births and staffing is as in 1954.

The confinements in the City during the year totalled 745 and occurred as shown in the following tabulation :—

Births in Canterbury—At Home—	
Doctor and/or Midwife ...	233
	233
Elsewhere—	
Nursing Home ...	—
Kent & Canterbury Hospital	512
	512
Total ...	745

Cases of Puerperal Pyrexia—

Kent and Canterbury Hospital...	4
Domiciliary Practice ...	1
Cases of Ophthalmia Neonatorum ...	1
Births to Canterbury Mothers in Kent & Canterbury Hospital ...	159
Births to Canterbury Mothers occurring outside Canterbury ...	49
Births to Canterbury Mothers in Nursing Home ...	—
“ “ “ “ in Domiciliary Practice...	233
“ “ “ “ Privately ...	—
Total ...	441

The 8 stillbirths occurred as follows :—

In domiciliary practice ...	5
In Kent and Canterbury Hospital ...	2
In Nursing Home ...	—
Elsewhere outside the City ...	1

Of the 49 births occurring outside Canterbury 26 occurred at St. Helier's Maternity Home, Tankerton (Canterbury Group H.M.C.) and 15 occurred at the Military Families Hospital, Shorncliffe.

There are still no facilities for a family doctor to deliver a patient in a private or national health service maternity unit in Canterbury.

Health Visiting.

The staff is unchanged from that reported in 1954, being 4 health visitor/school nurses, one school and clinic nurse and a shared tuberculosis health visitor equivalent to $\frac{1}{3}$ full-time.

<i>Visits to Infants and Children—</i>				<u>1954</u>	<u>1955</u>
Under 1 year—First Visits				447	421
Other Visits				1,880	1,969
1-5 years —Total Visits				4,024	3,845
<i>Visits to Expectant Mothers—</i>					
First Visits				112	149
Other Visits				27	89
Child Life Protection Visits				90	40
Visits to Old Persons				94	344
(Visits to cases of Infectious Disease are included in the figures above).					

The figures for the Tuberculosis Health Visiting are as follows :

				<u>1954</u>	<u>1955</u>
No. of Clinic Sessions				102	109
No. of Refill Clinics				48	59
No. of Mantoux Test Clinics				41	46
No. of Home Visits				673	617
Contacts seen				308	342

The Health Visitors maintain record cards for old people visited. One of their number sits on the Old People's Welfare Committee.

Tuberculosis Health Visiting is centred on the Chest Clinic and an arrangement has been come to with the Chest Physician to prevent duplication of visiting by Health Visitor and Sanitary Inspector.

So far there is no arrangement to associate Health Visitors with general medical practitioners' surgeries and it is difficult to see how this could be done as the doctors' patients are spread over the town. The Health Visitors respond to all requests from the family doctors to help with any case and follow the practice of approaching the family doctor on any case in which such co-operation is indicated. These contacts are direct between family doctor and health visitor and not through the Health Department office, and this direct contact is encouraged.

Home Nursing.

The Canterbury District Nursing Association continues to provide a staff of four Queen's Nursing Sisters and one part-time relief nurse, who work from their rooms in the Poor Priests Hospital (Central Clinic).

Just under 50% of the cases nursed are aged over 65 and 66% of the visits are made in the nursing care of such patients. For the younger patients the nursing service is frequently in the form of injections as well as bed nursing, and a number of diabetics depend on the nurse's attendance for their maintenance insulin.

There has been no development in the promotion of a sick children's nursing service. Such cases are nursed in the course of the round of duty, and while not every district nurse is a qualified sick children's nurse, it is the heaven in the lump to have such cases in a nurse's round.

TABLE VII

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits	Cases Over 65	Visits to Patients Over 65
The year 1950	346	125	3	—	474	11,682	—	—
" " 1951	427	130	16	1	574	15,784	—	—
" " 1952	383	124	13	22	542	16,705	—	—
" " 1953	527	105	21	1	654	16,016	—	—
" " 1954	519	114	22	2	657	17,151	253	10,299
" " 1955	565	109	31	2	707	17,383	351	11,444
TOTAL	2,767	707	106	28	3,608	94,721	604	21,743

Vaccination and Immunisation.

The following table gives the year's progress. While we maintain progress on vaccination it is disturbing to note a decline in diphtheria immunisation. While primary immunisations represent numerically the equivalent of five out of every six new-born in the year, the booster dosing in later years is lapsing badly, and measures will be taken to achieve a better overall level of diphtheria protection during 1956.

B.C.G. Vaccination of 13-year-olds was introduced during the year. The figures are given earlier in this report under Tuberculosis, and mention is also made of it in the School Health Service report in later pages.

Tetanus inoculation was introduced during the year with Ministry of Health approval. It is given in a combined vaccine in early years and also with the diphtheria booster dose at age 5, where requested.

TABLE VIII

			Under 1	1—4	5 to 15	Over 15	Total
Vaccination Against Smallpox	Primary Vaccination	Clinic	66	6	—	—	72
		Family Dr.	244	18	4	23	289
	Total		310	24	4	23	361
	Revaccination	Clinic	—	—	—	5	5
Family Dr.		—	3	11	43	57	
Total		—	3	11	48	62	
Diphtheria Immunisation	Primary Immunisation	Clinic	83	45	15	—	143
		Family Dr.	127	75	6	—	208
	Total		210	120	21	—	351
	Booster Dose	Clinic	—	17	51	—	68
Family Dr.		—	21	71	—	92	
Total		—	38	122	—	160	
Whooping Cough	No. of Cases Inoculated		166	108	13	—	287
Tenatus	No. of Cases Inoculated		41	4	—	—	45
			0 — 4	5 — 14		0 — 14	
Canterbury Population Mid-1955			2,400	5,100		7,500	
Canterbury Births — 1955			... 428				
Canterbury Births — 1954			... 461				

Ambulance Service.

The staff and vehicle strength is unchanged. The figures have dropped for out-patients and total mileage which is a hopeful sign. If this can mean that the demand has reached its peak it will be a thankful relief to the ratepaying community which meets the cost.

TABLE IX

	1952	1953	1954	1955
Total Patients Carried	19,315	22,598	28,522	26,687
Outpatients Only	14,899	18,633	24,440	22,289
Admissions, Transfers, Accidents, etc.	4,416	3,965	4,082	4,398
Mileage	118,515	153,790	161,888	144,486

TABLE X

Showing total mileage and patients carried by the Hospital Car Service (Canterbury only).

	Jan.	Feb.	Mar	Apl.	May	June	Jly.	Aug	Sep.	Oct.	Nov.	Dec.	Total
Patients Carried	2	—	1	2	2	1	—	5	6	1	2	1	23
Mileage	243	—	148	207	427	280	—	407	326	119	208	118	2,483

Domestic Help Service.

This service is run from the Health Department with one organiser and 22 to 25 home helps, of whom only 1 is full-time. Many of the cases are long term cases and the majority are elderly persons suffering chronic illness or infirmity. This is a changeable service and it is therefore necessary to relate the cost to the user and the cost to the authority, with the aim and value of the service. At the end of the year we were faced with the problem of an unrealistic scale of charges in relation to the full cost of the service, due to the rising wage bill, and a need to revise the allowances in our assessment scale to correspond more closely to cost of living changes in the community. This has been done during the spring of 1956.

TABLE XI
Domestic Help Cases 1953-1954.

	1953		1954		1955*	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Maternity	22	24	9	24	12	21
Acute Illness	3	74	5	65	1	35
Chronic Illness or Infirmity	1	231	2	217	1	135
Presence of Young Children	—	2	—	3	1	5
Tuberculosis	—	13	—	7	—	7
Problem Families	—	—	—	—	—	1
Totals	26	344	16	316	15	214
Total cases	370		332		229	

* The figures for this year are in accordance with the Ministry's requirements.

		1953	1954	1955
Hours worked : Full-time	...	1,947	1,958	1,959
Part-time	...	37,675	31,852	29,002

		<u>1953/4</u>	<u>1954/5</u>	<u>1955/6</u>	
These figures cover the Financial Year 1st April to 31st March.	}	Cost Incurred :	£5,350	£5,039	£5,193
		Cost Recovered :	£1,050	£1,565	£1,551
		% of Cost Recovered :	19.6	31.0	29.8

Health Education.

Progress has continued along the lines reported for 1954. It is encouraging to see the growth of the mothercraft class run at the Ante-Natal Clinic for all expectant mothers whether receiving their ante-natal supervision there or from the family doctor.

At times the same subject of health education is stressed through all channels concurrently, for instance diphtheria immunisation in a winter month, or the mode of infection in dysentery in early summer, but outside such special needs, the Health Visitors follow their own schemes.

A lot of thought is being given to ways and means for putting over mental health education. The psychiatric social worker is a specialist in the mental health field and the health visitor cannot take her place; but just as you cannot run a health service with specialists alone so you cannot cover the mental medico social work in the field, particularly the prevention work, with psychiatric social workers alone, and we must give full recognition to the health visitor's place in this preventive work. The method, its object, its co-ordination with the work of the general medical practitioner, and its limitations, must all be learned and developed gradually. But if we are not to make errors of judgment we must be sure of the normal in mental health in present-day conditions. Such a study is a good starting point for health visitors.

Mental Health.

(a) STAFF.

The only members of the Mental Health Service employed full-time on mental health are the Supervisor and Assistant Supervisor of the Occupation Centre.

The Medical Officer of Health is approved by the Council for the certification of mental defectives. There are three Duly Authorised Officers, two are regarded as senior and are qualified by experience in the duties which they have fulfilled before or since 1948 and one is regarded as an Assistant Duly Authorised Officer to provide cover after office hours and at weekends.

Visits to mental defectives under supervision are carried out by a part-time visitor possessing a child care certificate.

(b) HOSPITALS.

St. Martin's Hospital, Canterbury, reopened in October and has accommodation for the reception of female senile chronic

cases under Section 20 of the Lunacy Act (Three Day Orders). There has been a need for this type of accommodation in East Kent for a considerable time and it is being used to capacity by Duly Authorised Officers.

In accommodation of this kind the initial period of three days detention can be extended by 14 days, at the discretion of the Medical Superintendent, for further observation. During this time some of the patients settle and are able to express willingness to remain as voluntary patients. Others showing a reasonable chance of recovery are dealt with as temporary patients and thus the stigma which still attaches to certification is avoided. Only in a very small percentage of cases is certification necessary.

(c) ACTION ON CASES UNDER THE LUNACY AND MENTAL TREATMENT ACTS.

During the year Duly Authorised Officers investigated 38 cases of mental illness.

Seventeen cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and four cases were admitted on Urgency Orders made under Section 11 of the same Act.

Two Canterbury cases were also admitted to St. Martin's Hospital on "Three Day Orders" made under Section 20 of the Lunacy Act.

During the period October-December, 7 female patients were admitted to St. Martin's Hospital on "Three Day Orders." Five of these were subsequently dealt with under Temporary Treatment Orders, one remained as a Voluntary Patient and the remaining case was certified. One re-certification under Section 16 of the Act was also carried out.

Fifty-six Voluntary Patients were also admitted to St. Augustine's Hospital.

Nine visits were paid to 5 other cases. Of these, 1 case was admitted to Herne Hospital by arrangement with the Group Management Committee, 1 case committed suicide before legal formalities were completed; in 2 other cases the magistrate refused to make an Order. The remaining case was referred to his private doctor. Certification subsequently became necessary.

(d) ACTION ON CASES UNDER THE MENTAL DEFICIENCY ACTS.

A

Cases under Guardianship (under order)	...	...	2
Cases under Statutory Supervision (excluding cases on licence)	...	...	19
Cases under Friendly Supervision	...	...	8
Cases under Voluntary Supervision	...	...	4
Cases awaiting admission to Institutions	...	...	3

B

Cases in attendance at the Occupation Centre (Canterbury only)	...	...	12
--	-----	-----	----

C

Cases admitted to Institutions during the year	4
Cases reported by the Local Education Authority (Section 57, Education Act, 1944)	1
Total cases ascertained during the year as subject to be dealt with	4
Other cases reported, not "subject to be dealt with" but in which Statutory action may be necessary later	2

D

Cases "subject to be dealt with" placed under Statutory Supervision	4
Transferred from other areas "subject to be dealt with" and placed under Statutory Supervision...	—
Cases "not subject to be dealt with" placed under Voluntary Supervision	2
Cases Removed from Supervision... ..	3
Deaths of Mental Defectives under Supervision ...	—
Transport of Patients— Use of Ambulance Vehicles by Duly Authorised Officers	23

(c) OCCUPATION CENTRE.

As this report was being written we received the good news that the rear block of the Woodville Homes had been appropriated as new premises for our occupation centre. I cannot overstate the thanks that are due to Miss Ford, the Supervisor of the Occupation Centre, for running the centre so successfully and on such a high standard in the unsuitable premises in which it has been housed for so many years. It will be a happy day for her and for the young people when it opens in September at Wincheap.

The ages of cases in attendance at the end of 1955 were:—

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Canterbury	2	5	1	4	12
Kent County Council	3	6	1	2	12
Total	5	11	2	6	24

Circular 78/50.

(Children neglected or ill treated in their own homes).

Eight cases were the subject of meetings and co-ordinated action during the year. Only 13 cases have been entered in the register since the introduction of the procedure in 1951. It gives an indication of the duration of review and co-ordinated supervision that 8 are still current.

Prevention of Break-up of Families.

During the year the Ministry of Health called the Authority's attention to ways in which existing services could be used to combat this problem, and the Council agreed fully with the suggestions. In addition to the concentration of health visitor attention on such cases, particular action was taken in two cases during the year. It is difficult to disentangle this function from other activities in order to report on it.

Co-ordination with Voluntary Organisations.

There are close and happy relations between the department and the several voluntary organisations on the fringe of the health services. We should be a barren and cold community without the exercise of their 'caritas.' Women's Voluntary Service, British Red Cross Society, St. John Ambulance Brigade, 'Oce H, Old People's Welfare and many others are active bodies, and we could not do without the Alford Aid Society and the Diocesan Moral Welfare organisation.

Family Planning Association.

It has been clear for several years that there was a need for a women's advice centre to be concerned with fertility and family planning. This has now developed spontaneously as a voluntary service, and the Council have given their support in providing premises. Sessions are run on the first, third and fifth Wednesdays in the month, in the evening, 6 to 7 p.m., at the Poor Priests' Hospital, Stour Street, with a lady doctor and nurse in attendance. The local committee is a branch of the Family Planning Association.

REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1955

Public Health Department,

Dane John

Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the report on the sanitary inspection services carried out in 1955.

The Department has suffered rather too many staff changes and the staff shortage over nine months has been reflected in the amount of work which has been done. Perhaps I should make the point that there has been no lowering in the standard of meat inspection and every animal is inspected at the time of slaughter. Nor has any complaint been neglected, but there have obviously been fewer routine inspections of the various types of food premises, houses and factories.

I think that it would be appropriate to comment on the provisions of the Housing Repairs and Rents Act, 1954, which permits the increase of rents in certain cases providing money has been spent on the maintenance of the house and the house is in a good state of repair. Very little use appears to have been made of this provision and if there is to be any noticeable amount of property maintenance more encouragement will have to be given to owners. Many tenants have said to your Inspectors during the year that they would willingly pay more rent if their houses were made more comfortable, and more presentable by a coat of paint on the outside.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues, and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Chief Sanitary Inspector.

General Statistics.

Complaints received and investigated 575

	Houses	Food Premises	Factories	Others
Number of visits	3554	1628	39	1805
Defects remedied	812	39	9	—
Informal Notices sent	95	25	3	—
Formal Notices sent	26	—	—	—

Prosecutions None

Official Warnings by City Council 3

Housing Acts.

Number of new houses erected during 1955 :—

(1) By the Council 128

(2) By private enterprise 106

234

Houses demolished 5

229

Number of houses in respect of which—

(a) Demolition orders were made 4

(b) Closing orders were made 5

(c) Undertakings not to use for human habitation were accepted 2

Number of houses demolished 5

Houses made fit and Closing Order cancelled 1

Houses repaired as a result of informal action 95

Houses repaired after the service of Statutory Notice under Public Health Act 21

Houses repaired after service of formal notice under Housing Act—

(a) by owners 3

(b) by Council in default of owner 2

There is very little evidence of overcrowding according to the Housing Act standard in the City.

Housing Repairs and Rents Act, 1954.

The preparation of the schedule of houses which appear to be unfit for human habitation was a job not easy to carry out in Canterbury with its many types of old properties in many degrees of fitness, or unfitness.

A summary of the schedule of unfit houses, submitted to the Minister of Housing and Local Government to be dealt with within five years is as follows :—

(a) Estimated number of houses to be included in clearance areas 400

(b) Estimated number of individual houses to be demolished 200

(c) Estimated total number of unfit houses ... 600
Several impressions gained during the survey and probably worth recording are :—

- (a) The high standard of cleanliness in practically all the houses.
- (b) The number of owner/occupiers. Such would have been unknown a decade ago.
- (c) The creditable efforts of tenants who, realising the low rentals, had made attempts to improve the amenities by installing such fittings as new fire-grates.
- (d) That rather more than 50% of the houses have no more than two occupants. (One-quarter of the houses have only one occupant and one-third only two occupants).

DISREPAIR CERTIFICATES.

The following applications concerning increase of rent were received :—

Applications from tenants for certificates of disrepair...	7
Disrepair certificates granted	7
Applications from owners for revocation of disrepair certificates	3
Revocation certificates granted	2

Very few owners have availed themselves of this Act to put houses into a good state of repair and collect more rent, and the only conclusion that can be drawn is that the Act does not permit a reasonable return for the good maintenance of rented houses.

Water Supply.

The Canterbury and District Water Company own the water undertaking and maintain a very satisfactory supply as regards quantity and quality, supplying all except two houses in the City.

The supply is collected from deep wells in the chalk and is partially lime softened by the Company. A minimal dose of chlorine is given, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

Ten samples of water from houses in various parts of the area were sent for bacteriological examination and chemical analysis and all were of excellent quality in every case and the Pathologist reported that B. Coli presumptive were absent in 100 ccs.

There is no plumbo solvent action and the water is free from contamination. Fluorides are insignificant.

A water main was extended and two houses hitherto depending on well water were connected. There are now only two houses which are not connected. One is an unoccupied house which is now within easy reach of the main and the other house, which is some 300 yards from a main, depends on well water, which is filtered before use.

Inspection of Food.

The Government Abattoir which opened in February, 1953, continued to be operated by the City Council. As before, meat continues to be distributed over most of Kent and even farther afield.

Although there has been staff shortage during the year and

some aspects of public health work have suffered the staff shortage was not allowed to interfere with meat inspection. It is considered that in the marketing of meat free from disease, the sanitary inspector can probably make his best contribution to the prevention of ill health.

Fewer animals were slaughtered in 1955 but there was a decrease in the slaughtering staff and consequently there was not a corresponding decrease in slaughtering hours.

The Government's recommendations on the standards for meat inspection are adhered to and the sanitary inspectors inspect every animal at the time of slaughter. This frequently means working much longer than "office hours," but there is the satisfaction of knowing that every carcase and its offal has been inspected and only meat which is free from disease and wholesome is released for sale.

	Cattle Exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,755	350	335	8,001	20,958
Number inspected	2,755	350	335	8,001	20,958
All diseases except T.B. and Cysticercus bovis					
Whole carcases condemned	1	1	9	7	25
Carcases of which some part or organ was con- demned	1,286	170	10	811	6,445
Percentage of the number inspected affected with diseases other than T.B. and Cysticercus bovis ...	47·4	48·8	5·6	10·2	30·4
Tuberculosis only					
Whole carcases condemned	10	1	1	—	9
Carcases of which some part or organ was con- demned	239	39	2	—	272
Percentage of the number inspected affected with Tuberculosis	9·0	11·4	0·8	—	1·4
Cysticercus bovis					
Whole carcases condemned	1	—	—	—	—
Carcases of which some part or organ was con- demned	52	3	—	—	—
Percentage of the number inspected affected with Cysticercus bovis ...	1·9	0·8	—	—	—

CARCASES FOUND TO BE UNFIT FOR FOOD.

(B=bovine, P=pigs, S=sheep, C=calves).

	B	P	S	C
Tuberculosis	11	9	—	1
Pyrexia	—	8	1	1
Emaciation, oedema and septicæmia	1	11	6	1
Septicæmia associated with moribund foetus	—	1	—	—
Moribund animals	—	3	—	—
Malignant tumours	—	2	—	—
Generalised cysticercus bovis	1	—	—	—
Johne's disease	1	—	—	—
Immaturity	—	—	—	7

Parts of carcasses and offal found to be unfit on account of :—

Tuberculosis	19,187 lbs.
Distomatosis	12,041 lbs.
Cirrhosis	5,398 lbs.
Abscesses	2,117 lbs.
Pneumonia, pleurisy and peritonitis ...	7,842 lbs.
Actinomycosis	989 lbs.
Cysticercus bovis	1,098 lbs.
Parasitic other than C. bovis	74 lbs.

Miscellaneous conditions :—

Cavernous angioma, oedema and bruising	15,034 lbs.
---	-------------

The total weight of diseased and unsound meat and offal discovered during meat inspection duty in the Abattoir was 79,650 lbs.

A detailed examination of every bovine carcass was made to discover the presence of cysticercus bovis which is the larval state of the tapeworm *Tænia saginata* found in man. One generalised

infestation and 55 localized infestations were discovered and an analysis of these cases is as follows :—

	Cows	Heifers	Steer
Site of lesion:—			
Internal masseter muscle ..	—	1	5
External masseter muscle...	2	10	13
Diaphragm	—	2	1
Heart	1	9	10
Head and Heart	—	1	—
Whole carcase	—	—	1

The meat and other food found to be unsound on inspection in food shops amounted to 10,754 lbs. :—

Meat	2,185 lbs.
Canned meat	1,135 lbs.
Canned fish	178 lbs.
Fish	116 lbs.
Other canned foods, etc.	7,140 lbs.

The unsound meat from the Abattoir, with the exception of pork, is sold to a pig keeper who has undertaken to boil the meat before feeding it to his pigs.

There was no real improvement in the transport of meat from the Abattoir and although the small carcasses are hung, beef fore-quarters are still stacked on the floor of the vans. There is a promise that an improved type of van will be put into use in 1956.

Food Hygiene.

In addition to the many shops selling grocery commodities there are 20 bakehouses, 26 butchers' shops, 7 fish fryers, 7 fish shops and 82 restaurant kitchens. Seven premises are registered for sausage making and 3 for ham boiling.

Most of the proprietors realise their responsibility to the customers in the clean handling of food, but there are a few instances in which it is so difficult as to appear almost impossible to effect lasting improvement. The new Food Hygiene Regulations give additional power to control food premises, and more premises will be subject to inspection than hitherto; but unfortunately this extra work coincides with a staff shortage. If inquiries at any time reveal any desire on the part of food handlers to have classes of instruction, the Inspectors would be pleased to assist in any way. It is still felt, however, that the way to effect all-round improvement in standards is to make frequent inspections and to take health information to the staff, including managers, in the places of employment and at the same time to have adequate legal powers, which the new Regulations appear in the main to give.

Food Supplies.

Sampling.

Mr. E. S. Hawkins, O.B.E., B.Sc., A.R.C.S., F.R.I.C., who so ably and pleasantly carried out the duties of Public Analyst for eight years, died early in the year. Mr. C. Harcourt Wordsworth, B.Sc., F.R.I.C., was subsequently appointed to the vacancy.

Fifty-one formal samples and 55 informal samples were submitted for chemical analysis.

Article				No. of samples		Number genuine	Sample No. adversely reported upon
				Formal	Informal		
*Milk	...	...	...	22	7	29	—
*Channel Island Milk	...	...	...	7	—	7	—
*Milk Powder	...	...	...	—	2	2	—
*Sausages	...	...	...	10	1	11	—
*Lollies	...	...	...	—	7	7	—
Whisky	...	...	...	4	—	4	—
Vitamin preparations	...	...	...	—	6	6	—
Malt Vinegar	...	...	...	5	—	5	—
Mineral Waters	...	...	...	—	6	6	—
*Ice Cream	...	...	...	—	4	4	—
*Orange Drink	...	...	...	—	3	3	—
*Orange Juice	...	...	...	—	1	1	—
*Fruit Squashes	...	...	...	—	3	3	—
*Canned Salmon	...	...	...	—	2	2	—
Teething Powders	...	...	...	—	2	2	—
Toffee	...	...	...	—	2	2	—
Proprietary Medicine	...	...	...	—	5	4	1,244

and one each of the following which were all genuine: *butter, *marmalade, *strawberry conserve, *concentrated jelly powder, gelatine, fruit cake, ground almonds.

Remarks.

Sample No. 1244—

This was a tin of blackcurrant pastilles which were of a white appearance on account of the gelatine having dried out. They were old stock, and the remainder were withdrawn from sale.

The average composition of the 29 samples of milk (excluding the Channel Island milk) was 4.08% fat and 8.97% solids not fat.

Public Health (Preservative in Food) Regulations.

The samples marked * in the preceding table were also examined under the above Regulations and in no case was there any contravention.

Milk.

The long awaited Order declaring Canterbury to be a designated area came into operation on the 6th December and from that date only tuberculin tested milk, pasteurised and sterilised milk were permitted to be sold by retail. For many years the amount of ungraded milk sold to consumers had been getting less and it did not exceed 1% of the total milk sold in the City in the last two or three years.

There are 10 milk retailers in the City and 21 grocers' shops are registered for the sale of sterilized and/or pasteurised milk in bottles.

Three samples of non-graded milk obtained during delivery were tested for keeping quality and 2 were satisfactory. Ten samples of tuberculin tested milk were also tested and found to be satisfactory.

Sixteen samples of milk (10 tuberculin tested, 3 pasteurised and 3 non-graded) were obtained for biological examination. The County Pathologist reported all the samples to be free from tubercle bacilli and *Brucella abortus*.

Three firms (2 with holder type plants and 1 with an H.T.S.T. plant) are licensed by the City Council to pasteurise milk. 114 samples were obtained to check (a) the pasteurising process (phosphatase test) and (b) the keeping quality of the milk at the point of distribution by the retailer (methylene test). It is very pleasing to be able to record that all the samples were satisfactory.

Milk in Schools Scheme.

All the milk sent to schools under the control of the Education Committee has been pasteurised and the 35 samples obtained satisfied the tests.

Milk (Special Designation) Regulations.

The following licences were granted by the City Council under the above :—

To pasteurise milk	3
To deal in pasteurised milk	9
To deal in sterilised milk	20
To bottle tuberculin tested milk	3
To deal in tuberculin tested milk	3
Supplementary licences to retail tuberculin tested (certified) milk	2

Ice Cream.

There are 4 premises registered for the manufacture and sale of ice cream and 132 for the sale of ice cream. Of these, 120 sell nothing but the pre-packed variety.

Six applications were received for the registration of premises for the sale of ice cream.

Forty-three samples submitted to the methylene blue test for keeping quality were classified as follows :—

		1955	1954	1953	1952	1951	1950	1949
Grade	1 ...	35	48	47	49	54	36	29
	2 ...	4	4	8	10	8	17	23
	3 ...	3	—	4	3	4	17	19
	4 ...	1	1	1	—	1	—	11

Fewer samples were taken, and the more selective sampling shows a higher proportion of less satisfactory ice cream.

The Grade 4 was a well known product served in a cafe from a bulk supply. An investigation showed faulty technique in handling the equipment and when this was put right Grade 1 samples followed.

Four samples were also sent for chemical analysis and the fat content ranged between 7.8% and 11.7%—well above the 5% minimum.

FACTORIES ACT, 1937

1. Inspections.

Premises	Number on Register	Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	43	—	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	136	39	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises	1	—	—	—
TOTAL	180	39	3	—

2. Cases in which Defects were Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	2	2	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient	1	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	7	7	—	3	—
TOTAL	10	9	—	3	—

Fertilisers and Feeding Stuffs Act, 1926.

Nine samples of various poultry and animal feeding stuffs were obtained for analysis by the Public Analyst and Official Agricultural Chemist. Two samples (pig grain balancer meal and poultry grain balancer mash) were slightly deficient in albuminoid and warnings were given by the City Council to the makers. This deficiency was found to have been rectified in follow-up samples.

Rodent Control.

Two part-time rodent operators are employed by the Council and the methods used are those recommended by the Infestation Branch of the Ministry of Agriculture.

Complaints were received from 173 persons, 147 were in respect of infestation in private houses and 26 were from occupiers of business premises. During the investigation of these complaints and in carrying out surveys of the district 92 additional infestations were discovered.

Maintenance treatments of the sewers were carried out in March and September and it would appear that the number of rats has been brought to a very low level.

The operators, who also assist with other public health work, were kept fully occupied and the following is a summary of the rodent work carried out :—

Visits to houses	...	...	...	1,074
Visits to other premises	...	...	...	159
No. of premises cleared :—				
<i>Rats.</i>				
Houses	...	...	...	132
Business premises	...	...	...	14
<i>Mice.</i>				
Houses	...	...	...	94
Business premises	...	...	...	25

No charge is made for rodent extermination in house property, but the Ministry of Agriculture insists that a charge for work done in business premises based on time spent and cost of materials, is made to the occupier.

Rag Flock and other Filling Materials Act, 1951.

Two premises are registered under Section 2 of the Act, not so much because new articles are made, but so that they can execute orders for new work in the event of being asked. The business carried on is confined to the repair and renovation of customer's own articles, and the filling materials used for this work are not now subject to control. No samples were taken in 1955.

Dustbins.

The scheme adopted in 1950 for the Council to supply dustbins at a rental of 5/- per year was continued and at the end of 1955, 1,667 bins had been supplied.

Verminous Houses.

Eleven Council houses and six other houses were found to be verminous and were disinfected by the Public Health Department staff.

The scheme put into operation in 1948 to prevent the spread of vermin in Council houses was continued and

- (a) the furniture and effects of every prospective tenant are inspected before the keys for the house are handed out, and
- (b) before occupation commences every Council house, old or new, is given a precautionary treatment with insecticide in order to kill any vermin missed in the survey.

In 1955 precautionary spraying was done in 237 cases. One verminous house was discovered during the survey and in this case the contents of the house were fumigated by the Department before the tenant was allowed to move into the new house.

Five requests were received to rid houses of wasps' nests.

Infectious Diseases, etc.

Twenty-four houses were fumigated on account of tuberculosis and other diseases.

Knackers Yard.

One building is licensed by the Council for the slaughter of horses and other animals. Only a very small trade is carried on and visits have shown the business to be conducted in a satisfactory manner and the building to be kept in a clean condition.

The animals are slaughtered in a humane manner and the proprietors dispose of the meat uncooked for cat and dog food.

Contagious Diseases of Animals Acts.

No action by the Department was necessary during the year.

PRINCIPAL SCHOOL MEDICAL OFFICER'S REPORT FOR 1955

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the work of the School Health Service during 1955. Although presented as a separate section of the complete annual report the work is closely integrated with the work reported elsewhere. It is our hope that the benefit to the community of the smaller all-purpose local authority is appreciated here, and that interest is shown or responsibility accepted in health problems even where the section approached is not directly concerned, and that approaches are helped towards their ultimate source of help. The complexities of the Welfare State demand a wide knowledge from those who serve through it, and the average citizen cannot be expected to know all the correct approaches. If this average citizen is to be protected from the risk of frustration through a disinterested reception the servant of his welfare must be a knowledgeable listener, and this is certainly easier to achieve in the smaller all-purpose authority.

Your obedient servant,

MALCOLM S. HARVEY.

School Health Service.

General Information.

Number of School Departments :

Primary	...	...	...	...	...	...	...	11
Secondary	...	...	...	...	...	...	...	4

Number of Scholars on Roll at end of 1955 :

Primary	...	...	...	...	...	...	...	3,786
Secondary	...	...	...	...	...	...	...	864

Staffing.

No changes occurred during 1955, but we lost the services of Mr. C. A. Wollen and Mr. A. C. Adams from the Child Guidance Clinic through appointments to more responsible posts, the former to become psycho-therapist to Nottingham C.C. Child Guidance Clinic, the latter to take a post in mental hospital work.

Premises.

There have been no changes.

Medical Inspection, Supervision and Follow-up.

General Condition of Health.

Altogether 950 pupils were medically examined, or one in five, during the year. 5% were below average health and nutrition and 26% above average.

Cleanliness.

Only 139 children were the subject of advice to parents on infestation or evidence of recent infestation. This form of inspection is carried out with circumspection, as described in last year's report, and is concerned with much more than "nits."

Skin.

Forty-one cases of skin troubles requiring treatment were brought to light through medical or nurses' inspections, and 34 cases brought under observation. Thirty-four cases of impetigo and 139 cases of other skin troubles were treated at the Minor Ailments Clinic during the year.

Vision.

The clinic arrangements at the Kent and Canterbury Hospital continued, with Mr. O'Neill the Consultant Ophthalmologist. The nurses carry out check tests at age 7 and 13 in addition to those at periodic medical examinations. The facilities at the school clinic for eyesight testing were improved during the year.

Found at Routine Medical Inspections :—

Number of children tested	...	...	...	...	649
Number found to be suffering from Visual Defect	...				79
Number found to be suffering from Squint	...	...			4
Number found to be suffering from Other Defects	...				8

Found at Special Inspection :—

Number of children found with Visual Defects	...				232
Number of children found with Squint	...	...			10
Number of children found with Other Defects	...				14

Visual Defects treated by Ophthalmic Surgeon (Vision, Squint, etc.) :—

Total cases of Visual Defect treated or under observation	...	...	...	...	...	158
Spectacles prescribed or already wearing glasses	...					111
Operations for Squint	...	...	...	...	...	4

Children with squint are given eye exercises at the Orthoptic Clinic at the Kent and Canterbury Hospital as directed by the consultant. The number of children wearing glasses or having them prescribed has fallen to 111. Only 54 required spectacles for the first time. Male school leavers are given a colour vision test.

Defects of Nose and Throat.

Such defects were identified in 107 pupils at periodic medical examinations and in 117 special inspections. Twelve of the former and 34 of the latter required some treatment. Eleven cases were referred for specialist advice of whom 7 had operative treatment, 1 had other treatment and 3 did not keep their appointments.

Defects of Hearing and Ear Diseases.

Fifty-nine cases of hearing defect, 7 cases of middle ear disease and 2 cases of other ear disease were found at periodic examinations. Two of the hearing cases called for treatment. Forty-five cases of hearing defect, 11 cases of middle ear disease and 10 cases of other ear disease were found at special inspections. Ten hearing, 4 middle ear disease and 2 other ear disease called for treatment. Seven cases were referred for specialist advice, of whom 2 had operative treatment, 2 had other treatment and 3 required no treatment.

Tuberculosis.

(a) B.C.G. VACCINATION.

The Health Committee's scheme of B.C.G. Vaccination for school leavers was introduced in the summer term. Preliminary talks to the scholars were followed by the issue of explanatory leaflets and consent forms to the parents. 81 % of the 478 possibles accepted, of these 17% had converted to tuberculin positive by natural experience and 325 or 66.6% of the possible were given B.C.G. Vaccination.

The tuberculin positives were given a certificate to show to the family doctor and the vaccinated were provided with a card which both explained what to expect following vaccination and was also to be shown to the family doctor.

The follow-up testing of those vaccinated is now in progress and shows a mantoux conversion of over 99%.

The summarised figures are :—

No. Possible	No. Mantoux'd	No. +ve	% +ve	No. B.C.G'd	% of Possible No.
478	396	68	17.17	325	66.59

(b) MASS RADIOGRAPHY.

1,897 pupils went through the Mass Radiography Unit in 1955.

68 were recalled for further x-rays.

— non-tuberculous conditions were identified.

3 quiescent or inactive cases were identified.

1 case of active tuberculosis was discovered.

Minor Ailments.

Recognising the value of the minor ailments clinic as an agent for keeping the pupil at work and for reducing absenteeism, it was arranged that the clinic should open at 8.30 a.m. for treatments, so that pupils could attend on the way to school. The family doctors have not made a great use of this service so far, and this is a disappointment to us. The clinic attendances number 2,658 against 3,286 in 1954 and 1,840 in 1953. With the rebuilding of schools nearer the periphery of the town we have had to consider the establishment of a branch clinic in one of the schools.

Diphtheria Immunisation.

The facilities for immunisation at Child Welfare Clinics were called to the attention of parents of school children, but the response was disappointing. The level of full protection has suffered as a result of discontinuing the school round or special clinic session and it is proposed to return to the practice of issuing consent forms through the schools, to be followed by a programme of school visits for diphtheria immunisation. The needle drill we find has a virtue and parental opportunism is no substitute. We still need some regimentation in this regimen of health protection.

Handicapped Pupils.

	On Register		Newly Ascertained	Attending Special School	Newly Placed	Requiring Placement
	M.	F.				
Blind or Partially Sighted	1	—	1	—	1	1
Deaf	1	1	—	1	—	—
Delicate	9	6	8	5	8	5
Epileptic	1	—	—	1	—	—
Physically Handicapped ..	8	2	2	4	3	2
Maladjusted	9	4	—	5	—	1
Educationally Sub-normal	18	10	7	4	3	7

Section 57, Education Act, 1944.

One child was notified under Section 57(3) as ineducable and one under Section 57(5) as requiring supervision, with appropriate advice to the Health Committee.

The absence of a local day school for educationally sub-normal children requiring special schooling is a gap of no mean consequence. Much credit is due to the teachers that they tutor these very backward children in the ordinary school and manage their problems along with the normal daily task of educating those more amenable to education.

Speech Therapy.

Miss Joan Pollitt, County Speech Therapist, has kindly supplied the following report on Canterbury children in attendance at the Whitstable Road County Clinic during 1955.

“ During 1955, 36 City cases have attended at the Speech Therapy Clinic held at 94 Whitstable Road. Twenty-two of these cases have been closed during the year and 14 will continue to attend into 1956.

The cases of the 22 children have been closed for the following reasons :—

Satisfactory result	...	...	...	15
Treatment incomplete :				
Left the district—improving	...	...	...	1
Parents refused further appointments following Miss Beaumont's resignation from the clinic—great improvement in both cases	...	...	...	2
Parent reluctant from the start for treatment and finally rejected further appointments—little progress	...	...	...	1
				— 4
Treatment transferred to in-patient treatment in hospital	...	...	...	1
Investigation incomplete :				
Left district prior to completion of investigation	...	...	...	1
Parent refused further interviews after one visit to clinic	...	...	...	1
				— 2
				—
				22
				—

One City child was on the waiting list at the end of 1955.

Miss Beaumont transferred to work in the west of the county during March, 1955. Miss Barker was appointed as Miss Beaumont's successor and took up her duties at the Canterbury Clinic during April, 1955."

Lip Reading.

Miss Vines makes the following helpful report on her class. She also runs an adult class within the further education arrangements to which these pupils can transfer on leaving school.

The class for tuition in lip reading continued in the May Hooker Clinic on Saturday mornings.

Ten cases made 215 attendances during the year of which 3 cases were from outside the City. Usually between 5 and 7 cases are in attendance at any one time. Three of the Canterbury cases progressed to the adult class held under Further Education arrangements in the Canterbury Technical College.

Educational Difficulties and Maladjustment.

The Child Guidance Clinic, on which a report is given in the pages ahead, provides a remedial teaching service through the Educational Psychologist, and advises on the special schooling needs of maladjusted children. Use is also made of it by the Juvenile Court.

School Dental Service.

Mr. Alyn Pryor, Principal Dental Officer, took up his duties in the late Spring of 1955. He has made an excellent rapport with

schools and children, and a rise in the rate of acceptance of treatment can be anticipated. Children are seldom slow to open their mouths except to a dentist, and personal friendliness and the giving of confidence is a necessary part of the school dentist's armamentarium.

Mr. Pryor reports for 1955 as follows:—

81.85% of the children inspected required Dental Treatment and 26.95% were treated at the School Dental Clinic. This shows an 11.87% rise in children requiring treatment and an 8.09% fall in the children seeking such treatment at the Dental Clinic, although the number receiving treatment remained above the 1954 figure.

Table of Dental Treatment and Inspection.

(1) Number of children inspected by Dentist:—

(a) Routine Age Group—Age 3	...	...	...	11
4	...	...	...	22
5	...	...	...	305
6	...	...	...	434
7	...	...	...	422
8	...	...	...	591
9	...	...	...	479
10	...	...	...	391
11	...	...	...	269
12	...	...	...	334
13	...	...	...	408
14	...	...	...	377
15	...	...	...	198
16	...	...	...	44
17	...	...	...	14

4,299

(b) Specials	...	...	...	...	...	451
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Total Routine and Specials	...	...	...	4,750
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(2) Number requiring treatment	...	...	...	3,888
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(3) Number actually treated	...	...	...	1,048
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(4) Attendances made by children	...	...	...	3,146
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(5) Half-days devoted to: Inspection	...	...	35
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Treatment	...	...	364
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Total	...	399
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(6) Fillings: Permanent Teeth	...	...	1,018
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Temporary Teeth	...	...	122
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Total	...	1,140
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(7) Extractions: Permanent Teeth	...	...	344
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Temporary Teeth	...	...	981
-----------------	-----	-----	-----

Total	...	1,325
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(8) Administration of:

General Anaesthetics for extractions	...	590
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Local Anaesthetics for extractions	...	97
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Total	...	687
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(9) (a) Other treatment (Scalings, Polishings) ...	298
(b) Silver Nitrate or dressings ...	1,850
Total ...	2,148

These figures show a fall in the percentage of those who accepted treatment through the School Dental Clinic.

Orthodontic Treatment.

Eighty-four children are under treatment. Seventeen orthodontic plates were provided and 13 children were provided with partial dentures. Two orthodontic appliances were repaired. Twelve radiographs were taken. One orthodontic case refused treatment.

Employment of Children and Young Persons.

118 children were examined for employment. The corresponding figure for 1954 was 132.

Milk and Meals.

At the end of the year, 3,853 children were having milk in school and 2,568 were taking school dinners of whom 213 received the dinners free of charge. This was a decrease of 504 on the total diners and 65 in the free meals when compared with 1954.

Tabular Data concerning Medical Inspection and Treatment.

General Details.

No. of inspections in the Prescribed Groups :				School Rolls (End of Winter Term, 1955)			
Entrants	...	...	301	Primary	...	3,786	
Second Age Group	...	...	307	Secondary	...	864	
Leavers	...	...	282				
				Total	...	4,650	
Total	...		890				
Other Routine Inspections			60				
Grand Total	...		950				

Others (Special and Re-inspections)—1,335.

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Inspected	A Excellent		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants - -	301	100	33.2	187	62.1	14	4.7
Intermediates	307	80	26.1	213	69.4	14	4.5
Leavers - -	282	60	21.3	205	72.7	17	6.0
Others - - -	60	8	13.3	49	81.7	3	5.0
Total - - -	950	148	26.1	654	68.8	48	5.1

TABLE S.2

Defects found by Medical Inspection in the year ending
31st December, 1955.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	24	23	17	11
5	Eyes (a) Vision	17	62	57	175
	(b) Squint	1	3	1	9
	(c) Other	8	—	7	7
6	Ears (a) Hearing	2	57	10	35
	(b) Otitis Media	—	7	4	7
	(c) Other	—	2	2	8
7	Nose and Throat	12	95	34	83
8	Speech	—	9	4	20
9	Cervical Glands	2	17	8	19
10	Heart and Circulation	3	13	2	17
11	Lungs	1	42	5	25
12	Developmental—				
	(a) Hernia	1	4	—	1
	(b) Other	5	24	13	47
13	Orthopædic—				
	(a) Posture	—	9	1	10
	(b) Flat foot	3	15	—	21
	(c) Other	—	30	3	17
14	Nervous System—				
	(a) Epilepsy	—	—	—	2
	(b) Other	3	28	5	39
15	Psychological—				
	(a) Development	—	3	3	4
	(b) Stability	1	13	10	7
16	Other	4	25	8	54
Total Number of Children Inspected		950		993	
Number of Children represented in figures above ..		479		782	

NOTE—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.3.

MINOR AILMENTS TREATED (excluding Uncleanliness shown in Table S.6).

	No. of Defects Treated or under treatment during the year.
SKIN :	
Ringworm—Scalp :	
(1) X-ray treatment	—
(2) Other treatment	—
Ringworm—Body	1
Scabies	—
Impetigo	34
Other skin diseases	139
EYE DISEASE	75
(External and other, but excluding errors, refractions, squint and cases admitted to hospital).	
EAR DEFECTS	23
(Treatment for serious disease of the ear is not recorded here).	
Miscellaneous	829
Total ...	1,101
(b) Total number of attendances at Authority's minor ailments clinic	2,658

TABLE S.4.

TREATMENT OF DEFECTIVE VISION AND SQUINT.

(Excluding Minor Eye Defects treated as Minor Ailments).

Errors of Refraction and Squint dealt with	158
Other Defects or Diseases of the Eye	15
No. of children for whom spectacles were prescribed	111

TABLE S.5.

TREATMENT OF DEFECTS OF NOSE AND THROAT

Defects which received operative treatment (through Education Committee arrangements)	7
Defects which received other forms of treatment	1

TABLE S.6.

(1) Average number of visits per school made during 1955 by School Nurses	7
(2) Home visits made as School Nurses	23
(3) No. of Individual Children found with nits	139
(4) No. of Individual Children cleansed under Section 54 of Education Act, 1944	39
(5) No. of cases in which legal proceedings were taken	—

CANTERBURY CHILD GUIDANCE CLINIC

ANNUAL REPORT, 1955

Comment on the Tables and Staff Changes.

TABLE I—Source of Referral: There has been a slight but insignificant drop in the total referrals, but at the same time a slight increase in the City figures.

TABLE III—Disposal of New Cases seen: There is an increase in cases taken on for full treatment as against supervision and partial service.

TABLE IV—Cases Closed: There is a decrease in withdrawals without service and partial service, and also in the cases which have not been co-operative.

WAITING LISTS: There is a slight increase in the length of the waiting lists, both as regards cases waiting for diagnosis and those awaiting treatment.

GENERAL COMMENT: The figures on the whole suggest a more stable year and more thorough work despite staff difficulties.

STAFF CHANGES: There have been changes in all the permanent staff during the year except Medical Director.

EDUCATIONAL PSYCHOLOGIST: Miss Tipping left for private family reasons in April, and was succeeded by Miss Stephen. During her two to two-and-a-half years here Miss Tipping had maintained a very good relationship between the Clinic and schools.

PSYCHIATRIC SOCIAL WORKER: We were sorry to lose both Mr. Wollen and Mr. Adams during the year, Mr. Adams leaving in April to go to Norwich and Mr. Wollen in September to take up a full-time appointment as Psycho-therapist with Nottingham County Council. During his six-and-a-half to seven years' work here Mr. Wollen had done much to keep up the outside contacts of the Clinic, as well as working in the Clinic very ably as a therapist for part of his time. We have not so far been able to fill the vacancy for a psychiatric social worker.

PSYCHO-THERAPIST: We have been pleased to be able to welcome, however, a full-time therapist, Miss Bassom taking up her duties in November.

We are very grateful to those who have given us part-time temporary help in our staff shortages, particularly to Mrs. Sambrook, who has fulfilled a series of roles—educational psychologist, therapist and psychiatric social worker. Dr. Thirle also continued to give us very helpfully a session a week during most of the year.

TABLE C.G.1.

ORIGIN OF REFERRAL.

	1955			1954		
	County	City	Out of Area	County	City	N.H.S. and Out of Area
School Medical Officer	52	16	—	66	24	—
Private Doctor	46	6	—	69	5	1
Court or Probation Officer	10	—	—	5	1	—
Head Teacher or Education Officer	15	27	—	29	4	2
Parent or Foster Parent	2	2	—	13	1	1
Other Clinics or Psychiatrists	35	6	—	35	2	—
Miscellaneous Social Agencies, Infant Welfare, etc.	6	—	—	9	—	—
Educational Psychologist	—	3	—	—	18	—
	166	60	—	226	55	4
	226			285		

TABLE C.G.2.

PROBLEMS REFERRED.

	1955			1954		
	County	City	Out of Area	County	City	N.H.S. and Out of Area
Nervous Disorders, etc.	26	3	—	40	4	—
Habit Disorders	47	5	—	65	11	1
Behaviour Disorders	69	18	—	85	14	—
Educational	13	34	—	27	25	3
Court Cases	7	—	—	1	—	—
Miscellaneous	4	—	—	8	1	—
	166	60	—	226	55	4
	226			285		

TABLE C.G.3.

DISPOSAL OF NEW CASES SEEN.

	1955			1954		
	County	City	Out of Area	County	City	N.H.S. and Out of Area
Diagnosis and Advice	23	34	—	56	28	3
Diagnosis and Placement	10	1	—	9	1	1
Taken on for Treatment	41	7	—	18	3	1
Taken on for Supervision	62	12	—	85	17	4
Remedial Coaching	5	—	—	3	2	1
Partial Service	4	1	—	29	3	—
	145	55	—	200	54	10
	200			264		

CASES CLOSED.

TABLE C.G.4.

1955

1954

I NON-TREATMENT

Diagnosis and Advice
Diagnosis and Placement
Withdrawn before exam-
ination, no service given
Withdrawn after Partial
Service

Total I

II TREATMENT

Adjusted
Improved
Unimproved
Non-co-operative, or
Interrupted
Placed

Total II

Total I and II

TOTAL FOR YEAR

County	City	Out of Area	County	City	N.H.S. and Out of Area
23	34	—	56	28	3
10	1	—	9	1	1
13	2	—	31	5	1
4	1	—	29	3	—
50	38	—	125	37	5
21	3	1	26	10	—
75	18	7	86	26	5
20	1	—	25	2	—
14	3	1	37	10	7
15	—	1	14	—	—
145	25	10	188	48	12
195	63	10	313	85	17
268			415		

WAITING LISTS—

December 31st, 1955

December 31st, 1954

Diagnostic ...

Treatment ...

County	City	Out of Area	County	City	N.H.S. and Out of Area
59	4	—	49	2	—
22	3	—	19	3	—

COMMITTEE MEMBERSHIP

Mayor:

COUNCILLOR T. E. CARLING.

Health Committee:

Chairman: Alderman W. H. CHESSELL.

City Council Members: Alderman A. W. FOWLER, Alderman MRS. E. M. HEWS, C.B.E., Alderman P. BOTTING, Councillor T. E. CARLING (Mayor), Councillor H. M. KENNY, Councillor MRS. K. M. ELLIS, Councillor W. S. BEAN, Councillor W. THOMAS, Councillor C. A. L. ASH, Councillor MRS. M. A. SHARPE.

Co-opted or Representative Members: MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. L. V. GIMSON, Local Medical Practitioner; MR. J. E. FRENCH, Kent and Canterbury Executive Council; MR. W. A. TERRY, Canterbury Group Hospital Management Committee.

Mental Health Services Sub-Committee:

Chairman: Alderman A. W. FOWLER.

City Council Members: Councillor H. M. KENNY, Councillor MRS. M. A. SHARPE.

Co-opted or Representative Members: DR. L. V. GIBSON, MISS M. SHEEHAN.

Sanitary and Licensing Committee:

Chairman: Alderman MRS. E. M. HEWS, C.B.E.

City Council Members: Alderman W. H. CHESSELL, Alderman H. P. DAWTON, Alderman A. W. FOWLER, Councillor T. E. CARLING (Mayor), Councillor W. S. BEAN, Councillor J. G. B. STONE, Councillor P. L. WOOD, Councillor E. E. KINGSMAN, Councillor C. A. L. ASH, Councillor E. G. SHERSBY.

Education Committee:

Chairman: Councillor W. H. THOMAS.

City Council Members: Alderman A. W. FOWLER, Alderman S. H. JENNINGS, O.B.E., Councillor H. M. KENNY, Councillor G. H. G. KENNETT, Councillor J. R. BARRETT, Councillor T. E. CARLING (Mayor), Councillor MRS. K. M. ELLIS, Councillor MRS. M. A. SHARPE, Councillor REV. C. R. PARE.

Other Staff of Health and School Health Services:

Assistant Medical Officer of Health and Assistant School Medical Officer:
MRS. IRENE F. A. BLAKENEY, B.Sc., M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.

Dental Surgeon:

MR. ALVYN PRYOR, L.D.S., R.C.S. (Eng.) (Commenced duties 1.4.55).

Chest Physician and Adviser on After Care of Tuberculosis:

O. CLARKE, M.D., M.R.C.S.

Health Visitors and School Nurses:

MISS G. E. MAGUIRE, S.R.N., S.C.M.

MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.

MISS J. M. MACKEN, S.R.N., R.S.C.N., H.V.Cert.

MISS J. C. BARBER, S.R.N., S.C.M., Q.A.I.M.N.S., H.V.Cert.

Tuberculosis Health Visitor:

MISS E. JOBSON, S.R.N., S.C.M., H.V.Cert.

Clinic Nurse:

MRS. C. V. JONES, S.R.N., S.C.M.

Midwives :

L. P. LYNES, S.C.M.
E. H. OWEN, S.C.M.
E. L. TEMPLETON, S.C.M.
A. G. WELLS, S.R.N., S.C.M.

District Nurses (Canterbury District Nursing Association) :

I. PHIPPS, S.R.N.
B. P. PEARSON, S.R.N., S.C.M., Q.I.D.N. (Commenced 1.6.55).
J. E. THOMPSON, S.R.N., Q.I.D.N. (Commenced 14.2.55).
B. D. BEECH, S.R.N., Q.I.D.N. (Resigned 1.2.55).
M. WOOD, S.R.N., S.C.N., R.M.N., R.M.P.A. (Resigned 21.11.55).
H. FISHER, S.R.N. (Resigned 30.9.55).

Occupation Centre :

MISS E. FORD (Supervisor).
MRS. E. ACOTT (Assistant).

Duly Authorised Officers and Petitioning Officer (Mental Health) :

F. FOWLER.
D. PLEDGE.
L. FULLBROOK.

Mental Health Social Workers (Part-time) :

C. A. WOLLEN, M.H.Cert. (Resigned 17.9.55).
MRS. E. M. BREAR (Commenced October, 1955).

Supervisor of Home Help Service : MRS. J. M. BARTON, M.I.H.H.O.**Child Guidance Clinic:****Medical Director :**

ELIZABETH HUBAND, M.A., M.R.C.S., L.R.C.P., Dip. Psy.

Educational Psychologist :

MISS M. TIPPING, M.A., Ed.B.(Glasgow) (Resigned 16.4.55).
MISS J. E. M. STEPHEN, M.A., Dip.Ed. (Commenced 1.9.55).

Psychiatric Social Workers :

MR. C. A. WOLLEN, M.H.Cert., (Part-time) (Resigned 17.9.55).
MR. A. C. ADAMS, D.P.A., M.H.Cert. (Resigned 30.4.55).

Psycho-Therapist :

MR. C. A. WOLLEN, M.H.Cert. (Part-time) (Resigned 17.9.55).
MISS I. H. BASSOM (Commenced November, 1955).

Staff of Public Health Service:**Deputy Chief Sanitary Inspector :**

A. R. CLARK, M.R.S.I., M.S.I.A., Meat Inspectors Certificate.

Additional Sanitary Inspectors :

K. G. ADAMS, M.R.S.I., M.S.I.A., Meat Inspectors Certificate
(Resigned 24.10.55).
L. O. COTTERELL, M.R.S.I., M.S.I.A., Meat Inspectors Certificate
(Resigned December, 1955).
W. C. B. GILHESPY, M.R.S.I., M.S.I.A., Meat Inspectors Certificate
(Commenced 24.10.55).

Rodent Officers, Disinfectors and General Assistants :

A. TOMKINS and T. HEWITT.

Administrative and Clerical Staff to above Services:

Administrative Assistant : D. PLEDGE.

Clerical Officer : MISS J. MASHMAN.

Clerical Staff :

MISS M. CRUMP, MRS. M. CLARKE, MISS P. LAW (Com-
menced March, 1955).
MRS. M. BULL (Public Health).
MISS B. AYERS (School Health).
MRS. E. M. GREENSTREET (School Health, Dental Clinic).
MISS R. DAY, MRS. M. CLARKE (Part-time) (Child Guidance
Clinic).

